



Tuition Fee Waiver Form

All students are encouraged to complete the Free Application for Federal Student Aid (FAFSA) form to maximize financial aid resources.

Part I - To be Completed by Student (Please Print)

Student Name: _____ Banner ID #: _____

Academic Year: _____

Term: (Submit a separate form for each Term)

- Fall
- Winter
- Spring
- Summer (circle each session attending)
Summer 1 Summer 2 Summer 3

- Status: Employee Retiree
 Spouse Domestic Partner
 Dependent Child Senior Citizen
 Dependent of Retired/Deceased Employee

If your status is dependent child, provide your birth date: _____

Regional Choice Initiative (RCI) (High School Dual Enrollment Program): Yes No

Have you already been awarded a Bachelor's Degree? Yes No

Classes attended this session are: (check all that apply) Undergrad Graduate Special Audit On-line

If your status is Employee, will classes be taken anytime during your regular shift? Yes* No

(*If yes, please complete a Flex Schedule Request Form. Waivers are limited to **6 credits** a semester.)

My signature below attests that the above information is true and accurate. I understand that I may be required to provide proof to verify the above information if my account is audited by the University.

Student's Signature _____ Date _____

Part II - To be completed by Employee/Retiree (Please Print)

Employee/Retiree Name: _____ Personnel #: _____
(5 digit number as appears on pay stub)

Department: _____ Appointment or Retirement Date: _____

The above student is my: Self Spouse Domestic Partner Dependent Child according to IRS standards

Employee's Signature _____ Date _____

My signature confirms the above-named student (if status is that of dependent child) is my dependent according to IRS standards for the year in which this waiver will be applied. I further understand that I may be required to provide evidence to verify this information if requested by the University.

Part III - To be completed by Human Resources Office Staff

- | | | | |
|-------------------------------------------|-------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| Status: <input type="checkbox"/> Employee | <input type="checkbox"/> Retiree | Amount of Waiver: | Flex Schedule Request Form: |
| <input type="checkbox"/> Dependent Child | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Full <input type="checkbox"/> 3/4 | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 | <input type="checkbox"/> Non-work Hours/On-line |

Authorized Signature _____ Date _____

Personnel Area:

Remarks:

- | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AFSCME | <input type="checkbox"/> Up to 128 Undergraduate Credits |
| <input type="checkbox"/> APSCUF | <input type="checkbox"/> 1 st Undergraduate Degree (Until Age 25 for Dependent Children) |
| <input type="checkbox"/> Coach | <input type="checkbox"/> 1 st Undergraduate Degree (BOG Policy 1984-03-A) |
| <input type="checkbox"/> Management | <input type="checkbox"/> Mc Nerney – Up to 128 Credits any level (EUP Credited Svc. for Spouse) |
| <input type="checkbox"/> OPEIU | <input type="checkbox"/> APSCUF CBA |
| <input type="checkbox"/> PDA | <input type="checkbox"/> SCUPA Up to 128 Undergraduate Credits <u>OR</u> 60 Grad Credits |
| <input type="checkbox"/> PSSU | <input type="checkbox"/> No Benefit |
| <input type="checkbox"/> SCUPA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SPFPA | |

For Accounting Use: